

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/22/2021  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                            |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>445131</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01</b> - <b>BUILDING A</b><br><br>B. WING _____                             |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>04/08/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BEVERLY PARK PLACE HEALTH AND REHAB</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5321 BEVERLY PARK CIRCLE</b><br><b>KNOXVILLE, TN 37918</b>                   |                            |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |  |
| K 000  | INITIAL COMMENTS<br><br>Stories: 5<br>Plans Available onsite: Yes<br>Construction type: II (222)<br>Constructed: 1980<br>Sprinklered: Yes<br>Census: 155<br>Certified Beds: 271<br><br>A Life Safety Self-Report Investigation Survey<br>was conducted by the State of Tennessee<br>Department of Health Division of Health<br>Licensure and Regulation Office of Health Care<br>Facilities survey on 4/8/2021. During the Life<br>Safety Survey, Beverly Park Place Health and<br>Rehab was found in substantial compliance with<br>the requirements for participation in<br>Medicare/Medicaid at 42 CFR Subpart 483.70(a),<br>Life Safety from Fire, and the related National<br>Fire Protection Association (NFPA) standard 101<br>- 2012 edition.<br><br>The requirement at 42 CFR, Subpart 483.70(a) is<br>MET as evidenced by: | K 000  |  |                            |  |
| K9999  | FINAL OBSERVATIONS<br><br>During the complaint investigation, intake<br>number TN00053696, on 4/8/2021, no<br>deficiencies cited under 42 CFR Part 482,<br>Requirements for Nursing Homes.   | K9999  |  |                            |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.